Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168, \$99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Date(s) __12__/ 03 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** 6 Board of Supervisors Ticket Policy Sec 5.3(k) Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization

4. Verification

C.

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth a	bove, is in accordance
with the requirements.				

of Ticket(s)/

Passes

Maney	Thress
Signature of Aggradu	Hood or Designes
Signature of Agency	nead or Designee

Nancy Herrera

Ticket Administrator

01/05/18

Print Name

Title

Describe the public purpose made pursuant to the agency's policy

(month, day, year)

Four Orchestra & Two Terrace

(include address and description)

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		41				4111		IL.

1.	Agency Name		Date Stamp	California OOO					
	Los Angeles County						Form OUZ		
	Division, Department, or Reg	ion (if applicable		1	For Official Use Only				
	Board of Supervisors, Fourt	h District					1		
	Designated Agency Contact	(Name, Title)							
	Nancy Herrera								
	Area Code/Phone Number	E-mail				Amenament (Must Pr	rovide Explanation in Part 3.)		
	(213) 974-4444	nherrera@b	os.lacou	nty.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Information								
	Does the agency have a tick	ket policy?	Yes 🛚	l No□ l	Face Value of I	Each Ticket/Pass \$ <u>16</u>	8		
	Event Description: LA Philh	armonic	V2		Date(s)12		w s		
	Event Description.	Provide T							
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No⊠ I	f no: Walt Disr	ney Concert Hall			
					_	Name of Source			
	Was ticket distribution made	e at the behes	t Yes □	No 🗵	f yes:	Official's Name (Last, First)	-		
	of agency official?					7			
3.	Recipients								
•	• Use Section A to identify the agen	cy's department o	runit. • U	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.		
				Number	or additional of the restriction				
	A. Name of Agency, Depa	artment or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	Deemd of Communication			2	T. 1. 1. D. I.	0 50(1)			
	Board of Supervisors				Ticket Policy	Sec 5.3(K)			
	-					, Mail			
	B. Name of India (Last, First			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
						onial Role Other Officer Offic	Income In		
					Cerem	onial Role Other	Income		
						ing "Ceremonial Role" or "Other" desc	and the second s		
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy			
						Table Control of the			
١.	Verification								
	I have read and understand FPI with the requirements!	PC Regulations	: 18944.1	and 18942.	l have verified tl	hat the distribution set for	th above, is in accordance		
1	with the requirements.								
	Mancy Herrera Nancy Herrera					Ticket Administrator	01/05/18		
V	Signature of Agency Head or Designe	ee	Print	Name		Title	(month, day, year)		
	Comment:								

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Date(s) __12__/ 15 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes 4 Board of Supervisors Ticket Policy Sec 5.3(k) Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below:

. Verification			
I have read and understand FPPC Regulate, with the requirements.	tions 18944.1 and 18942. I hav	re verified that the distribution set forth a	bove, is in accordant
mar the requirements.	Nancy Herrera	Ticket Administrator	01/05/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment.			

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

Ceremonial Role

Income

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below.

1.	Agency Name					Date Stamp	California OOO	
	Los Angeles County						Form 802	
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name, Title)				8		
,	Nancy Herrera							
	Area Code/Phone Number	E-mail				Amendment (Must F	rovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	s.lacou	ınty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation		*				
	Does the agency have a tick	cet policy?	Yes 🛚	No□	Face Value of I	Each Ticket/Pass \$ 168		
	Event Description: LA Philh	armonic			Date(s)12			
	Event Description.	Provide Titl	Date(s)					
	Ticket(s)/Pass(es) provided	by agency?	Yes [No⊠	If no: Walt Disr	ney Concert Hall		
						Name of Source		
	Was ticket distribution made	at the behest	Yes 🗆	No⊠	If yes:	Official's Name (Last, First)		
	of agency official?					36 NO 50 MARCHAR (1999) PAR SILLONG AND 12 SULVEY AND \$1.11 STANGULLER \$1.00 STANGULLER \$1.		
3.	Recipients						2 399 0	
	• Use Section A to identify the agen-	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes		e public purpose made pur		
	Board of Supervisors			4	Ticket Policy	Sec 5.3(k)		
	B. Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
						onial Role Other Other on "Other" des	Income Cribe below:	
					1	onial Role Other on "Other" des	Income Income	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
	Varification							
	Verification I have read and understand FPF with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set fo	rth above, is in accordance	
	Morey The			Herrera		Ticket Administrator	01/05/18	
	Signature of Agency Head or Designe	é	Print	Name	A Sections	Title	(month, day, year)	
	Comment:						*	

1.	Agency Name					Date Stamp	California OOO	
	Los Angeles County						Form OUZ	
	Division, Department, or Reg	ion (if applicable,)				For Official Use Only	
	Board of Supervisors, Fourt	h District						
	Designated Agency Contact	(Name, Title)				v v		
	Nancy Herrera					Amondment (44)	Institute Francisco (C. 10.)	
	Area Code/Phone Number	E-mail				Amendment (Must P	rovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	os.lacou	nty.gov		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🖂	No 🗆	Face Value of I	Each Ticket/Pass \$ 99	9	
	Event Description: LA Philha	armonic			Date(s)12			
	Event Description:	Provide Tit	le/ Explana	tion	Date(s)			
	Ticket(s)/Pass(es) provided				If no: Walt Disr	ney Concert Hall		
						Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)		
	of agency official?					(,		
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the following:		
						onial Role Other Other ing "Ceremonial Role" or "Other" des		
						onial Role Other on "Other of "Other" des		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
			+	1550				
	Verification							
	I have read and understand FPF with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set fo	rth above, is in accordance	
c	normy Her	Un		Herrera		Ticket Administrator	01/05/18	
	Signature of Agency Head or Designe	ee	Print	Name		Title	(month, day, year)	
	Comment:							

1.	Agency Name					Date Stamp	California OOO	
	Los Angeles County						Form 802	
	Division, Department, or Reg	gion (if applicable))			1	For Official Use Only	
	Board of Supervisors, Four	th District						
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera							
	Area Code/Phone Number	E-mail	100			Amendment (Must Provide Explanation in Part 3.)		
	(213) 974-4444	nherrera@bo	os.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			_			
	Does the agency have a tic	ket policy?	Yes 🛛	No 🗆	Face Value of	Each Ticket/Pass \$ <u>1</u>	68	
	Event Description: LA Philh	armonic	2008-07-00-00		Date(s)12			
	Event Description.	Provide Titi	le/ Explanat	tion	Date(s)	7		
	Ticket(s)/Pass(es) provided				If no: Walt Disr	ney Concert Hall		
						Name of Source		
	Was ticket distribution made	e at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)		
	of agency official?					Omerare Name (Last, 1 list)		
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Us	e Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit			of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
	Board of Supervisors			4	Ticket Policy	Policy Sec 5.3(k)		
	B. Name of Indi (Last, Fir.			Number of Ticket(s)/ Passes	Course	Identify one of the f		
						onial Role Other Cing "Ceremonial Role" or "Other" de		
						onial Role Other on "Other" de		
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
	\/_wis:							
	Verification				77			
	I have read and understand FPI with the requirements	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set fo	orth above, is in accordance	
	1 my Hon	erh	Nancy I	Herrera		Ticket Administrator	01/05/18	
	Signature of Agency Head or Designation Comment.	ee	Print	Name		Title	(month, day, year)	
	John Millione.			****				

Los Angeles County Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera Area Code/Phone Number (213) 974-4444 Inherrera@bos.lacounty.gov Z. Function or Event Information Does the agency have a ticket policy? Event Description. LA Philharmonic Provide filler Explanation Ticket(s)/Pass(es) provided by agency? Ves \ No \ Det(s) 12 \ 20 \ 17 If no; Walt Disney Concert Hall Name of Seurce Was ticket distribution made at the behest Ves \ No \ Describe the vestion of agency official? 3. Recipients - Use Section 8 to identify the agency's department or unit Use Section 8 to identify an outside organization. A. Name of Agency, Department or Unit Board of Supervisors 4. Ticket Policy Sec 5.3(k) B. Name of Individual (Lest, First) Number of Ticket(s) Passes Corremonal Note Other Other Income If checking "Concerned Review" or Other Generale Sealor. Income Other Other Income If checking "Concerned Review" or Other Generale Sealor. Number of General Review or Other Generale Sealor. Recipients - Use Section 8 to identify one of the following: - Corremonal Note Other Other Income - Income Other Other Other Income - Income Other Ot	1.	Agency Name		Date Stamp California O					
Board of Supervisors, Fourth District Designated Agency Contact (Name, Tible) Nancy Herrera Area Code/Phone Number (213) 974-4444 Inherera@bos.lacounty.gov Date of Original Filling:		Los Angeles County							
Designated Agency Contact (Name, Title)		Division, Department, or Reg	ion (if applicable)					For Official Use Only	
Amendment (Mass Provide Explanation in Parl 3) Date of Original Filing: (month), day, year)		Board of Supervisors, Fourt	h District						
Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing: Amendment (Must Provide Explanation inherrera@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 168		Designated Agency Contact	(Name, Title)	3/15/11 W					
Date of Original Filing:		Nancy Herrera							
2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) \$ 188 \\ Event Description: \(\) LA Philharmonic \(\) Provide Title Explanation \(\) Date(s) \(\) 12 \(\) 20 \(\) 17 \(\) \(\) Manne of Source \(\) Vasticket distribution made at the behest \(\) Yes \(\) No \(\) If no: \(\) Walt Disney Concert Hall \(\) Name of Source \(\) Vas ticket distribution made at the behest \(\) Yes \(\) No \(\) If yes: \(\) Officiar's Name (Last, First) \(\) Describe the public purpose made pursuant to the agency's policy Passes 8. Name of Agency, Department or Unit \(\) Officiar's Name of Individual (Last, First) \(\) Describe the public purpose made pursuant to the agency's policy Passes 8. Name of Individual (Last, First) \(\) Officiar's Name of Individual (Last, First) \(\) Describe the public purpose made pursuant to the agency's policy Passes 9. Number of Ticket(e)/ Passes 9. Number of Ticket(e)/ Passes 1. Ticket Policy Sec 5.3(k) 1. Verification \(\) Number of Ticket(e)/ Passes 1. Number of Ticket(e)/ Passes 1. Describe the public purpose made pursuant to the agency's policy Passes 1. Verification \(\) Describe the public purpose made pursuant to the agency's policy Passes 1. Number of Ticket(e)/ Passes 2. Number of Ticket(e)/ Passes 3. Number of Outside Organization (Income Outside Describe Debox: Other Outside Describe Debox: Other Outside Describe Debox: Other Outside Debox: Ot		Area Code/Phone Number	E-mail				Data of Original Fillians		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{168}{2} \] Event Description: LA Philharmonic				s.lacou	ınty.gov				
Event Description: LA Philharmonic Provide Titler/Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \frac{Walt Disney Concert Hall Name of Source}{Name of Source} Was ticked distribution made at the behest Yes \ No \ If yes: \ Official's Name (Last, First) 3. Recipients - Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) - Number of Ticket(s)/Passes - Caremonial Role \ Other \ Income \ Inc	2.	Function or Event Infor	mation						
Event Description: LA Philharmonic Provide Titler/Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \frac{Walt Disney Concert Hall Name of Source}{Name of Source} Was ticked distribution made at the behest Yes \ No \ If yes: \ Official's Name (Last, First) 3. Recipients - Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) - Number of Ticket(s)/Passes - Caremonial Role \ Other \ Income \ Inc		Does the agency have a tick	ket policy?	Yes 🛚	No□	Face Value of I	Each Ticket/Pass \$ 16	88	
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \ Walt Disney Concert Hall \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Event Description: LA Philha	armonic						
Mast ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) 3. Recipients *Use Section A to identify the agency's department or unit. *Use Section B to Identify an Individual. *Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Sumber of Ticket(s)/ Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Identify one of the following: Identify one of the following: Income Inco		Event Description.	Provide Title	e/ Explana	ation	Date(s)			
Mass ticket distribution made at the behest Yes No If yes: of agency official? 3. Recipients • Use Section B to Identify an individual. A. Name of Agency, Department or Unit of Ticket(s)/ Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Mumber of Ticket(s)/ Passes Ceremonial Role Other Income if checking "Ceremonial Role Other Income if checking "Ceremo		Ticket(s)/Pass(es) provided	by agency?	Yes □	No⊠	If no: Walt Disr	ney Concert Hall		
3. Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization. A. Name of Agency, Department or Unit				Name of Source					
3. Recipients - Use Section A to Identify the agency's department or unit. - Use Section B to Identify an individual. - Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit - Number of Ticket(s)/ Passes - Board of Supervisors - A Ticket Policy Sec 5.3(k) - B. Name of Individual - Number of Ticket(s)/ Passes - Ceremonial Role Other Income Income - If checking Toeramonial Role or Other describe below: - Ceremonial Role Other Income - Income Income Income - Other obscribe below: - Ceremonial Role Other Income - Other obscribe below: - Ceremonial Role Other - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below: - Other obscribe below			at the behest	Yes 🗆	No ⊠	If yes:	Official's Name (Last, First)		
* Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Thekels/ Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Thekels/ Passes Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ticket Administrator		of agency official?					,———,		
* Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Thekels/ Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Thekels/ Passes Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ticket Administrator	3.	Recipients							
A. Name of Agency, Department or Unit of Tucket(s)/ Passes Board of Supervisors 4 Ticket Policy Sec 5.3(k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other Income Income If the checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Income Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Income Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ticket Administrator O1/05/18 Signature of Agency Head or Designee Print Name Title (month, de, year)		Company of the compan	cy's department or t	ınit. • U	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization	
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following:		A. Name of Agency, Department or Unit			Number of Ticket(s)/				
B. Name of Individual (Lest, First) of Ticket(s)/ Passes Identify one of the following: Income I		Board of Supervisors			4	Ticket Policy	Sec 5.3(k)		
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy passes Name of Outside Organization Income					of Ticket(s)/		Identify one of the fo	llowing:	
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes Negrotian in the public purpose made pursuant to the agency's policy Nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator 01/05/18 Signature of Agency Head or Designee Print Name Title (month, day, year)									
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy Nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator 01/05/18 Signature of Agency Head or Designee Print Name Title (month, day, year)		-				900000000000000000000000000000000000000			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator O1/05/18 Signature of Agency Head or Designee Print Name Title (month, day, year)					of Ticket(s)/	Describe the	Describe the public purpose made pursuant to the agency's policy		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nancy Herrera Ticket Administrator O1/05/18 Signature of Agency Head or Designee Print Name Title (month, day, year)									
With the requirements. Nancy Herrera Ticket Administrator 01/05/18 Signature of Agenov Head or Designee Print Name Title (month, day, year)									
Signature of Agenov Head or Designee Print Name Title (month, day, year)	7	have read and understand FPF with the requirements.						th above, is in accordance	
(month, day, year)	-	Signature of Agency Head or Decises							
	V		G	Print	ıvame		Title	(month, day, year)	

1.	Agency Name	300000	Date Stamp	California OOO			
	Los Angeles County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1999	,	1	For Official Use Only	
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	(Name, Title)			1		
	Nancy Herrera						
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			77-00-		
	Does the agency have a tick	cet policy?	es⊠ No□ F	Face Value of	Each Ticket/Pass \$ 16	68	
	Event Description: LA Philh						
	Event Description.	Provide Title/ Ex	planation	Date(s) <u>12</u>			
	Ticket(s)/Pass(es) provided	by agency? Ye	ney Concert Hall				
			Name of Source				
	Was ticket distribution made	at the behest Ye	Official's Name (Last, First)				
	of agency official?						
3.	Recipients						
-	• Use Section A to identify the agen-	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
			Number				
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)		
	B. Name of Indiv	/idual	Number of Ticket(s)/		Identify one of the fo	llowing:	
	(Last, Firs	t)	Passes		racinally one of the fo	onowing.	
					onial Role Other		
				If checki	ing "Ceremonial Role" or "Other" des	cribe below:	
					7		
					onial Role Other O		
				If checki	ing "Ceremonial Role" or "Other" des	Cribe below:	
			Number				
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy	
			Passes				
	Verification		- Manual - M	<u> </u>	- WWW.		
	vermication I have read and understand FPF	PC Regulations 190	44.1 and 18042	l have verified #	hat the distribution set for	rth above is in accordance	
	with the requirements.	C Negulations 109	77. I aliu 10942. I	nave venned (f	าละ เกษ นารเกมนแบก 501 10	rur above, is ill accordance	
1	Denne Hen	lla Na	ncy Herrera	,	Ticket Administrator	01/05/10	
6	Signature of Agency Head or Designe		Print Name		Title	01/05/18 (month, day, year)	
						8	
	Comment.						

Α	Pub	olic	Docu	umen	t

1.	Agency Name		Date Stamp California					
	Los Angeles County						Form 8UZ	
	Division, Department, or Reg	jion (if applicable)			1	1	For Official Use Only	
	Board of Supervisors, Fourt	th District						
	Designated Agency Contact	(Name, Title)				1		
	Nancy Herrera							
	Area Code/Phone Number	E-mail				Amendment (Must F	Provide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos	s.lacou	ınty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🛚	No□	Face Value of	Each Ticket/Pass \$ 99		
	Event Description: LA Philh	armonic			Date(s)12			
	T // \/ \	Provide Title						
	Ticket(s)/Pass(es) provided	by agency?	Yes [No ⊠	If no: Walt Disr	ney Concert Hall Name of Source		
	Was ticket distribution made	at the hehest	V	N - 1571	If yes:			
	of agency official?	at the beliest	res _	I NO 🔼	y 00	Official's Name (Last, First)		
3.	Recipients							
	 Use Section A to identify the agen 	cy's department or u	o identify an individ	ual. • Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
	Board of Supervisors			8	Ticket Policy	Sec 5.3(k)		
	B. Name of Indiv			Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
						onial Role Other Ing "Ceremonial Role" or "Other" des		
						onial Role Other on "Other" des		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy	
ı. \	Verification				-			
	have read and understand FPF	PC Regulations 1.	8944 1	and 18942	I have verified th	at the distribution set fo	rth above is in accordance	
V	with the requirements	- Nogalations I		G.10 10072.		iai ale distribution set 10	тат авоче, то на ассотиалсе	
	1 Mars Mr.	01.	Janov	Herrera	8	Ticket Administrates	04/05/40	
b	Signature of Agency Head or Designe			Name		Ticket Administrator	01/05/18 (month, day, year)	
	/1				_		(month, day, year)	
	Comment: A-Tickets for the	3:00 pm perform	mance	& 4-ticket	s for the 8:00 pi	m performance		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Los Angeles County **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (213) 974-4444 Date of Original Filing: nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168, \$99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Date(s) __12__/ 31 Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 4 Board of Supervisors Ticket Policy Sec 5.3(k) Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand	FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution se	t forth above	is in accordance
with the requirements.							.0 4000/44/100

1	$1 \setminus \nu$	my	Herren	
1	Signature	of Agency H	lead or Designee	-

Nancy Herrera

Ticket Administrator

01/05/18

. (/

Print Name

Title (month, day, year)